

APICDA Community Dividend Program

Instructions: Complete form and provide all required information. Return completed form to the Program Department via email to programs@apicda.com or via fax at (907) 929-5275

Entity Name and Address:

| | |
|-------|------------------|
| _____ | Telephone: _____ |
| _____ | Fax: _____ |
| _____ | Email: _____ |
| _____ | Cellphone: _____ |

Provide number of households currently occupied in your community:

Description of use(s) of previous years' Community Dividend:

Signature

Printed Name, Title

Date

Account Information (if changed)

Account No.: _____

Routing No.: _____

Banking Institution: _____